

2016-2017 AUBURN CITY REC SIGN-UPS



WRESTLING

Please Print Clearly



CHILD'S NAME: _____

BIRTHDATE: _____ GRADE: _____ AGE: _____

ADDRESS: _____

PARENT/ GUARDIAN: _____

HOME #: _____ CELL #: _____ TEXT? _____

CURRENT WEIGHT: _____ YRS OF EXP. _____

EMAIL: _____

*****ALL WRESTLERS' MUST HAVE A AAU WRESTLING TEAM INSURANCE CARD \$16*****

NEED COACHES FOR ALL GRADE LEVELS

– Are you interested??? Yes or No (circle one)

Kindergarten – 8TH GRADE ONLY
All teams will travel

ALL PARENTS WILL BE NOTIFIED FOR SCHEDULING

My child has permission to participate in the program indicated on this form. He/She is in good physical condition and has no health problems that would prevent active participation. I agree to abide by all rules of the Auburn Youth Activities. I agree to hold harmless the Auburn Youth Activities in the event of injury sustained by my child. I also grant permission for my child to be photographed and pictures released for publication for purpose of the Auburn Youth Activities.

Signature of Parent/Guardian: _____ **DATE:** _____

All wrestlers must purchase an **AAU insurance card** for an additional fee of **\$16.00** per child. All forms must be accompanied by the appropriate registration fee of \$25.00 per child-per sport, with a maximum fee of \$100.00 per family. Please make checks payable to "Auburn City Rec." No refunds will be given.

Amount Paid:

Check #: